

## MISSION

The Department of Leisure Services strives to enhance the quality of life of all residents through healthy lifestyle initiatives and programs that encourage civic engagement and community involvement.

## REGISTRATION & POLICY INFORMATION

1. When registering for a program, please send your registration to the recreational facility listed with the program description. The addresses for all facilities can be found on page 5.
2. Residents may register immediately in person, by mail or FAX. FAX registrations must include Master Card or VISA number, expiration date and signature. Receipts will be sent by mail or email as soon as the registrations are processed (excluding Ice Skating registrations). **Registration forms can be found on page 2.**
3. On-Line Registration: You may register on-line for most programs. Go to [www.WestHartfordCT.gov/LeisureServices](http://www.WestHartfordCT.gov/LeisureServices) and click on the On-line Registration button.
4. Nonresident registrations will be accepted in person, by mail, FAX or online. Leisure Services reserves the right to limit non-resident registrations as deemed necessary.
5. If the session you wish to register for is filled, you will be placed on a waiting list and notified when an opening occurs.
6. Children must be the proper age before the program(s) begin.
7. Only those enrolled in the programs may attend. Sorry, but "visitors/family" will not be permitted in the classrooms.
8. Sometimes a class must be cancelled because of lack of enrollment. Please register early to avoid disappointment.

## SPECIAL NEEDS PARTICIPATION

**Fun and Friendship for All!** The Special Needs Program strives to provide diverse social and recreational programming for all ages and abilities. Inclusion assistance is available for those wishing to enroll in classes or programs offered through the Leisure Services Department of the Town of West Hartford. Due to private management, this excludes inclusion assistance at Buena Vista Golf Course, Cornerstone Aquatics Center and Rockledge Golf Course. **Conversations regarding inclusion assistance must take place at least TWO WEEK PRIOR to the class/camp start date. Please contact Victoria Branning, Inclusion Support and Special Needs Coordinator, for additional information. [Victoria.branning@WestHartfordCT.gov](mailto:Victoria.branning@WestHartfordCT.gov) or 860-561-8173.**

## INCLEMENT WEATHER CANCELLATION POLICY

For up-to-date weather cancellation information call the Leisure Line at 860-561-7509. In most cases, if the West Hartford schools are closed, daytime classes may be cancelled. Cancellation of evening programs is decided by 3:00 pm. If in doubt call the facility running the program.

## REFUND & CANCELLATION POLICY

Please sign up early to avoid classes being cancelled due to low enrollment.

- Full refunds will be automatic if a session is cancelled.
- Cancellations and refund requests must be made (3) business days before the program begins.
- All refund requests must be made in writing.
- Refunds will not be given after a program has begun.
- A 10% processing fee will be deducted from all refunds (minimum \$5.00).
- In case of injury, a written refund request must be accompanied by a doctor's note.
- No refunds will be given on trips, special events, season tickets and/or passes.

## SCHEDULING

Leisure Services programs follow the West Hartford public school schedule. If changes to the public school schedule affect scheduling of the Leisure Services programs, schedule and pricing adjustments will be made accordingly.

## SUPPORT THE RECREATION SCHOLARSHIP FUND

**Make a Difference in a Child's Life... Support the Recreation Scholarship Fund!** You can help create a memorable summer experience for a child and family in need by making a donation to the Leisure Services Recreation Scholarship Fund. Donations are used to fund a variety of programs including summer camps, swimming lessons and other recreational activities for children and families who could not otherwise participate. Your tax deductible donation will be used solely for scholarship purposes. For more information call Leisure Services at 860-561-7510.

**NOTICE:** While Leisure Services makes every effort to provide complete and accurate information, our program content, schedules, instructors and/or locations are subject to change. If you have any questions or concerns, please contact the facility offering the program you are interested in, or visit [www.WestHartfordCT.gov/LeisureServices](http://www.WestHartfordCT.gov/LeisureServices) for updated information.

Per Connecticut General Statute, 19a-77, we are required to disclose that our programs are not licensed by the State of Early Childhood (OEC). Because the Department of Leisure Services is a municipal department, our programs are exempt from licensing by the OEC.

**Please complete a separate form for each participant (10% processing fee deducted from all refunds)**

<b>PARTICIPANT'S LAST NAME</b> _____	<b>First Name</b> _____
Birth Date _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Entering Grade _____ <i>(if applicable)</i>	
<b>SPECIAL CONCERNS:</b> List any special needs, health or behavioral issues, or concerns of participant: _____ _____ _____	

PROGRAM #	TITLE	DATES	TIME	FEE
<b>PAYMENT TYPE:</b> Cash _____ (in person only) <b>Check #</b> _____ (payable to "Town of West Hartford")			Scholarship Donation Program # 992001	
			<b>TOTAL</b>	<b>\$</b>

     VISA        Master Card                    Expiration Date:           /           /          

[illegible]

**Emergency Contact for Participant** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I realize that as with any physical activity there is a possible risk of accidental injury to me/my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which I/my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which I/my child may suffer while participating in this West Hartford Leisure Services Program.

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

**This section MUST BE COMPLETED if you are registering a CHILD for a program that runs 3 HOURS OR MORE A DAY.**

Please list and describe your child's known allergies, known illnesses, physical limitations, special needs, etc.:

[illegible]

**Please read below & if you understand & agree to each statement write your initials in the space next to the paragraph to signify your understanding and agreement.**

\_\_\_\_\_ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: **Hospital Name**\_\_\_\_\_

\_\_\_\_\_ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

\_\_\_\_\_ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

\_\_\_\_\_ In the event that my child needs to be transported by ambulance, I give my permission for such transportation & agree to assume all expenses incurred by transportation.

\_\_\_\_\_ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

\_\_\_\_\_ **FIELD TRIPS:** I hereby give my permission for my child to go on the field trips scheduled for his/her particular camp program. The exact schedule will be provided to me at the beginning of the camp session. If I do not wish my child to attend the field trip, I understand that I will make other arrangements for my child on that day.

<b><u>Complete form and send to appropriate facility:</u></b>				
<b>Customer Service Town Hall</b>	50 South Main Street, West Hartford 06107	860-561-7510	fax	860-561-7519
<b>Elmwood Community Center</b>	1106 New Britain Avenue, West Hartford 06110	860-561-8160	fax	860-561-8161
<b>Veterans Skating Rink</b>	56 Buena Vista Road, West Hartford 06107	860-561-8290	fax	860-561-8291
<b>Westmoor Park</b>	119 Flagg Road, West Hartford 06117	860-561-8260	fax	860-236-3815
<b>Or register on-line at <a href="http://www.WestHartfordCT.gov/LeisureServices">www.WestHartfordCT.gov/LeisureServices</a></b>				